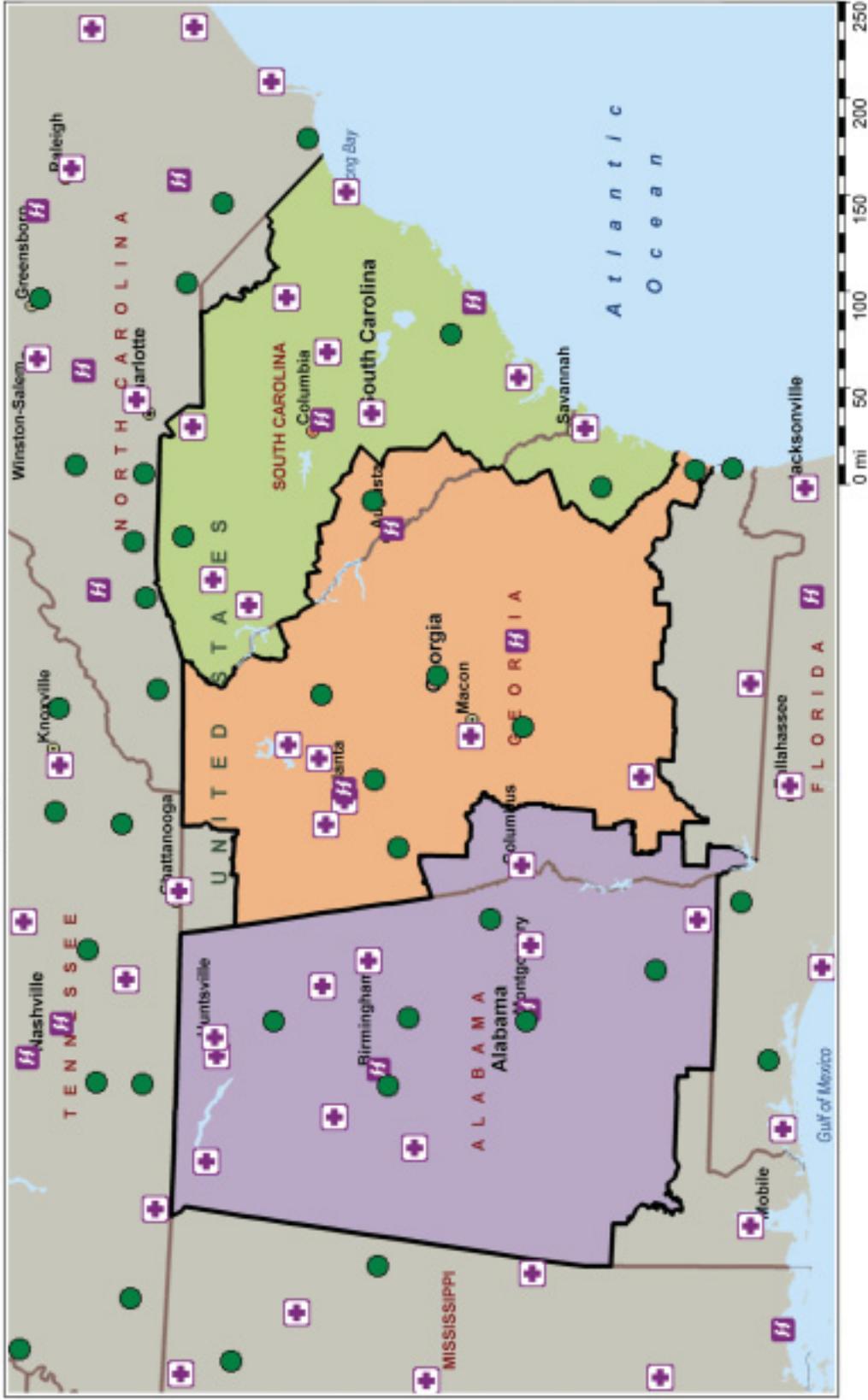


VISN 7



- Pushpins**
- VA Clinic
 - VA Hospital
 - Planned New CBOC
- Markets**
- Alabama
 - Georgia
 - South Carolina

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CARES DECISIONS FOR VISN 7

CARES Commission Recommendation

I Mission Change

Augusta VAMC

- 1 The Commission does not concur with the DNCP proposal to study the feasibility of consolidating selected current services at the Uptown Division to the Downtown Division because the proposed realignment is not practical.
- 2 The Commission concurs with the DNCP proposal to realign the footprint at the Uptown Division campus and to evaluate that campus for alternative uses under the enhanced use leasing (EUL) program.

Secretary's Decision

I Mission Change

Augusta VAMC

VA will not pursue consolidation of Augusta's two divisions at this time, but will plan to make more efficient use of vacant and underused space at the Uptown Division of the Augusta VAMC. To ensure that VA makes most effective use of existing buildings and land, VA will develop a Master Plan for the Uptown Division of the Augusta VAMC.

The Master Plan will propose an efficient, cost-effective, and appropriately sized footprint that will reduce vacant and underused space on the campus. The Master Plan also will ensure that any plan for alternate use or disposal of VA property serves to enhance the Department's mission.

VA will complete the Master Plan by the end of 2004 (*Reference – Excess VA Property*).

CARES Commission Recommendation

II Mission Change

Dublin VAMC

The Commission concurs with the DNCP proposals that the Dublin VAMC should retain its inpatient programs, with intensive care unit (ICU) beds subject to a VHA-directed external evaluation; that transition surgery beds be changed

to observation beds; and that Dublin refer complex or non-emergent surgery to other VAMCs, and contract with local community hospitals for emergent surgery.

Secretary's Decision

II Mission Change

Dublin VAMC

The Dublin VAMC is approximately 90 miles from Augusta and 140 miles from Atlanta. With a need for approximately 36 beds in FY 2012 and 30 beds in FY 2022 and with limited options for community care in close proximity, VA will maintain inpatient care services at this facility.

VA will develop an implementation plan for the Dublin VAMC that will include transition of surgery beds to observation beds for outpatient surgery. The implementation plan also will incorporate the recommendations of an ongoing, system-wide, study of ICU beds scheduled to be completed in June 2004. As VA manages this transition, it will ensure veterans have access to quality care.

The implementation plan will be included in the VISN's FY 2005 strategic planning submission (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

III Mission Change

Montgomery, AL

(Central Alabama Veterans Health Care System [CAVHCS], West Campus)

The Commission concurs with the DNCP that the proposal to convert Montgomery to an outpatient-only facility and to contract out inpatient care requires further study.

Secretary's Decision

III Mission Change

Montgomery, AL

(Central Alabama Veterans Health Care System [CAVHCS], West Campus)

During preparation of the Draft National CARES Plan, VA found it did not have sufficient information to make a decision to convert the CAVHS to an outpatient-only facility. Recognizing that sufficient analysis had yet to be completed, the CARES Commission agreed VA should further study the potential for conversion of the facility to an outpatient-only mission.

VA will proceed with a study of the feasibility of converting the Montgomery CAVHS to an outpatient-only facility as part of the CARES implementation process.

The study will examine the impact of mission change on access to and quality of care as well as the cost-effectiveness of potential realignment. VA will consider comments from stakeholders as it conducts the study. The study will be completed by the end of 2004.

CARES Commission Recommendation

IV Inpatient Care

The Commission concurs with the DNCP proposals on the use of contract hospital sites, conversion of vacant space, new construction, renovation, and leasing as required in the Alabama and South Carolina markets to meet access and capacity issues in these markets.

Secretary's Decision

IV Inpatient Care

The veteran population is growing in both the Alabama and South Carolina markets. VA will meet the anticipated increase in demand and resolve existing access gaps by converting existing vacant space, new construction, renovation, leasing as required, and use of existing authorities and policies to contract for care where necessary (*Reference – Contracting for Care: Crosscutting*).

CARES Commission Recommendation

V Outpatient Care

- 1** The Commission concurs with the DNCP proposals to add CBOCs; to expand existing CBOCs via contracting, leasing and new construction; and to realign the use of space at the VAMCs via renovation, conversion of vacant space, new construction and leasing.
- 2** The Commission recommends that the Secretary and USH utilize their authority to establish new CBOCs within the VHA medical appropriations without regard to the three priority groups for CBOCs outlined in the DNCP.

Secretary's Decision

V Outpatient Care

The veteran population is shifting to the Southeastern and Southwestern United States and all three markets in the VISN are seeing the workload growth associated with that shift. The VISN will use new construction and leasing to expand existing CBOCs and other existing space to more effectively manage the demand for outpatient care.

The VISN also will develop new CBOCs through the National CBOC Approval Process. VISN 7 has 16 new CBOCs targeted for priority implementation by 2012:

Parent Facility	Planned New Facility Name	State
Dublin VAMC	Milledgeville	GA
Dublin VAMC	Brunswick	GA
Dublin VAMC	Perry	GA
Augusta VAMC	Athens	GA
Augusta VAMC	Aiken	SC
Atlanta VAMC	Stockbridge	GA
Atlanta VAMC	Noonan	GA
Charleston VAMC	Hinesville	GA
Charleston VAMC	Goose Creek	SC
Columbia VAMC	Spartanburg	SC
Central Alabama HCS	Enterprise	AL
Central Alabama HCS	Opelika	AL
Central Alabama HCS	Maxwell AFB	AL
Birmingham VAMC	Childersburg	AL
Birmingham VAMC	Guntersburg	AL
Birmingham VAMC	Bessemer	AL

These new sites of care will help the VISN, which currently is below access standards in all three of its markets, to meet national access standards (*Reference – Contracting for Care, Community-Based Outpatient Clinics: Crosscutting*).

CARES Commission Recommendation**VI Enhanced Use, Collocation with the Veterans Benefits Administration and Collaboration with Academic Affiliates**

- 1 The Commission concurs with the DNCP proposal on the VBA collocation and enhanced use lease proposal at Columbia.
- 2 The Commission supports the concept of cooperative partnering and recommends promptly evaluating the Medical University of South Carolina (MUSC) and VA joint venture proposal.

Secretary's Decision**VI Enhanced Use, Collocation with the Veterans Benefits Administration and Collaboration with Academic Affiliates**

VA will continue to consider options for sharing opportunities with the Medical University of South Carolina.

VA will explore the feasibility of collocating the Columbia VBA Regional Office at the Columbia VAMC through enhanced use lease. VBA will develop a collocation feasibility study by September 2004 (*Reference – OneVA Collaborations: Crosscutting*).

CARES Commission Recommendation**VII Special Disability Programs – Spinal Cord Injury/Disorder (SCI/D)**

- 1 The Commission concurs with the DNCP proposal to add 11 beds immediately at the Augusta VAMC and increase to the projected 20 SCI/D beds needed by FY 2012.
- 2 VA should conduct an assessment of acute and long-term bed needs for SCI centers to provide the proper balance of beds to better serve veterans and reduce waiting times.

Secretary's Decision**VII Special Disability Programs – Spinal Cord Injury/Disorder (SCI/D)**

As part of the implementation process, VA will validate the number of SCI/D beds to ensure the appropriate need for and distribution between acute and long-term beds. Validation also will consider referral patterns as well as location

and inter-VISN collaboration as appropriate. Implementation plans for development of an SCI/D expansion at the Augusta VAMC will be included in the FY 2005 VISN strategic planning submission (*Reference – Special Disability Programs: Crosscutting*).

CARES Commission Recommendation

VIII VA/DoD Sharing Opportunities

The Commission concurs with maximizing space utilization and services among the VA and DoD health care operations to provide enhanced services for veterans.

Secretary's Decision

VIII VA/DoD Sharing Opportunities

VA will continue to pursue opportunities to share resources with Maxwell AFB, and Charleston and Beaufort Naval Hospitals as well as other DoD entities in VISN 7 (*Reference – VA/DoD Sharing: Crosscutting*).

CARES Commission Recommendation

IX Extended Care

- 1** The Commission concurs with the DNCP proposal on the need for renovations to the nursing home care units at Charleston and Columbia.
- 2** The Commission recommends that prior to taking any action to reconfigure or expand long-term care capacity or replace existing long-term care facilities VA should develop a long-term care strategic plan. This plan should be based on well-articulated policies, address access to services, and integrate planning for the long-term care of the seriously mentally ill.

Secretary's Decision**IX Extended Care**

VA will develop a long-term care strategic plan based on well-articulated policies. Until VA completes a long-term care strategic plan, it will only proceed with maintenance and life safety projects at existing long-term care facilities that are necessary to ensure the quality and safety of patient care (*Reference – Long-Term Care: Crosscutting*).

CARES Commission Recommendation**X Facility Condition**

The Commission concurs with the DNCP proposal to renovate inpatient wards at the Atlanta, Columbia, and Charleston VAMCs.

Secretary's Decision**X Facility Condition**

VA will make necessary renovations at the Atlanta, Columbia, and Charleston VAMCs to ensure that local veterans are cared for in safe and efficient facilities designed to provide high quality health care.